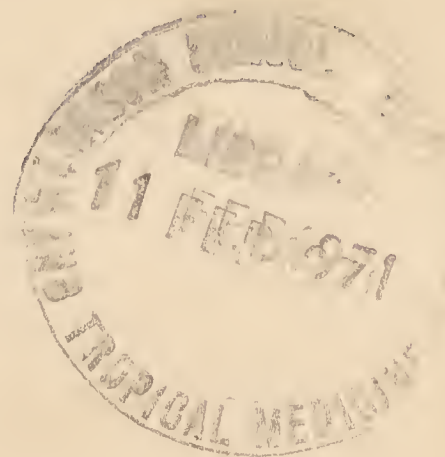


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COUNTY BOROUGH OF WIGAN



*Annual Report*  
*of the*  
*Principal*  
*School Medical Officer*  
*For the year 1968*




COUNTY BOROUGH OF WIGAN



*Annual Report*  
*of the*  
*Principal*  
*School Medical Officer*  
*For the year 1968*

**J. HAWORTH HILDITCH**

**Medical Officer of Health and Principal School Medical Officer**



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## COUNTY BOROUGH OF WIGAN

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### EDUCATION COMMITTEE

(Appointed May, 1968)

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**Chairman :**

Councillor S. TAYLOR.

**Vice-Chairman :**

Councillor J. JOHNSON, J.P.

His Worship the Mayor (Councillor J. HITCHMOUGH, J.P.)

The Ex-Mayor (Councillor J. TABERNER)

Aldermen : H. Dowling, J.P., E. Maloney, J.P., O. Somers.

Councillors : H. H. Barker, J. Bridge, F. Charnock, E. Cowser, J.P., J. T. Farrimond, J. C. P. France, J. A. Greenall, S. Jolley, L. R. Lowe, Mrs. E. Naylor, Miss A. Peet, Mrs. M. Pratt, J. E. Smith, W. C. Somers, S. Townley, F. Walder, J. Whalley, J. Wilson.

Other Members : Canon E. O. Beard, Dr. R. Cooper, M.Sc., Ph.D., A.M.I.E.E., Miss E. Eckersley, B.A., J.P., Miss E. Hodson, M.B.E., J.P., Mr. C. J. Hogg, M.A., Mr. G. Livesey, B.Sc., Canon J. R. Park, M.A., Mrs. C. Rayner, J.P., Dr. E. C. Smith, B.Sc., Professor J. Turner, LL.M., Canon G. Walsh, Mr. H. C. Woods.

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### CHILDREN'S WELFARE SUB-COMMITTEE

(Appointed May, 1968)

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**Chairman :**

His Worship the Mayor (Councillor J. HITCHMOUGH, J.P.)

**Vice-Chairman :**

The Ex-Mayor (Councillor J. TABERNER)

Alderman O. Somers.

Councillors : J. Bridge, J. T. Farrimond, J. Johnson, J.P., Mrs. E. Naylor, Miss A. Peet, Mrs. M. Pratt, W. Somers, S. Taylor, F. Walder.

Other Members : Miss E. Hodson, M.B.E., J.P., Mrs. C. Rayner, J.P.



# **SCHOOL MEDICAL STAFF**

1968

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## **Principal School Medical Officer :**

J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H., F.R.S.H.

## **Deputy Principal School Medical Officer :**

JOHN L. JACKSON, M.B., Ch.B., D.P.H. (from 1/7/68)

## **School Medical Officers :**

RODERICK McL. BAIN, M.B., Ch.B., D.P.H.

AILEEN F. HOWARTH, M.B., Ch.B.

## **Orthopaedic Surgeon :**

EDWARD W. KNOWLES, M.Ch. (Orth.) F.R.C.S.(Ed.)

## **Consultant Child Psychiatrist :**

MOIRA P. JONAS, M.B., Ch.B., D.P.M.

## **Educational Psychologist :**

A. J. M. MORISON, B.A., Dip.Ed.

## **Principal Dental Officer :**

S. M. AALEN, L.D.S.

## **Dental Officer :**

J. G. R. WOOD, B.D.S., L.D.S.

## **Orthodontic Service :**

L. F. LANGFORD, L.D.S., D.Orth., R.C.S., Eng.

## **Dental Anaesthetist :**

ELIZABETH MACKENZIE-NEWTON, M.B., Ch.B., D.A.

## **Chiropody Service :**

J. WOOD, M.Ch.S.

## **School Nurses :**

E. E. SMITH, R. CUNNIFF (to 31/1/68), M. FARRIMOND (to 30/6/68),  
M. K. MASON (from 1/2/68), E. GAVAGHAN, D. PEET, S. M. HIGHAM  
(from 1/8/68).

## **Speech Therapist :**

J. A. ECKERSLEY

## **Psychiatric Social Worker :**

(Position Vacant)

## **Orthopaedic Nurse :**

H. JORDAN

## **Clerk/Dental Attendants :**

E. CHADWICK, J. M. PROCTOR, M. D. TRANTER.

## **Audiometrician :**

J. DIGGLES

## **Clerks :**

D. JONES, S. ROURKE

# **PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT FOR 1968**

Health Office,  
WIGAN.

April, 1969.

**To the Chairman and Members of the Education Committee.**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit for your consideration the report on the work of the school health service for the year ended December, 1968.

The year under review has been relatively uneventful. Findings at medical inspection showed that approximately one-quarter of the children examined required treatment of some kind but no child was found whose physical condition and general nutrition could be classed as unsatisfactory. This is a particularly interesting finding at a time when the national press is publishing features and articles concerning the re-emergence of families said to be living below the accepted norm in a condition of poverty unrelieved by the benefits available from social insurance or voluntary agencies.

A feature of the work during the year was the selection of children to attend Mere Oaks Special School for the Physically Handicapped and the associated assessment centre for children with multiple handicaps. Many of the children admitted to the latter unit will be unable to continue with formal education but the firm policy of the department is that they must be given the best possible chance to show their potential. The increase in numbers of educationally subnormal children reviewed reflects the work of the educational psychologist and the forthcoming provision of a new special school. In both these areas lack of provision in the past has influenced the level of ascertainment to a degree.

Cases of infectious disease notified in school children have been minimal with the exception of measles where there were 145 cases. Protection of school children in the age group 5 to 7 years was proceeding when the epidemic occurred. In the circumstances it was considered advisable to halt the immunisation programme for a time in order that the new vaccine should not be blamed for cases of natural measles occurring in recently immunised children—a phenomenon which could easily occur if the child had been infected immediately before or after immunisation.

Ministry of Health Circular 20/68 included infective hepatitis as a disease worthy of notification. It is interesting to note that although relatively few such cases have been notified, they have been predominantly in



the Pemberton area. The epidemiology of outbreaks of this disease is notoriously difficult to unravel as there are in any infected community a large number of cases showing no physical evidence of the disease. Three cases occurred amongst school children and so at the turn of the year an attempt was made to discover early or overt cases in their classmates by using a simple chemical urine test. No conclusive results were obtained however.

Some two years ago I mentioned the difficulties occasioned in the service by the lack of medical, dental and ancillary staff. During the past twelve months although we were without a senior medical officer for the period up to July we were fortunate in other directions. Particularly welcome were the services of a consultant child psychiatrist, an educational psychologist and a dental officer; the first two enabling us once again to take up the threads of our Child Guidance Service and the latter enabling us to bring into fuller use the magnificent dental suite at Sherwood Drive.

The failure to recruit a speech therapist on the other hand is having serious repercussions. There is now no facility for speech therapy in either hospital or local authority service and a number of children are in urgent need of help.

The comments of the Physical Education Organiser are no longer available for inclusion in this report, but it is hoped that the friendly liaison developed over the years will continue. Many of the medical aspects of competitive sport are imperfectly understood. New techniques which improve performance may not be entirely without risk as is evidenced by the appalling injuries which can follow attempts to copy the "Fosbury Flop" high jump style or even inexperienced use of the vaulting horse. The advice of the school medical officers is readily available and should be sought by teachers of physical education.

The highlight of the Health Education programme proved to be the series of meetings devoted to the theme "Preparation for Adolescence," a subject directed at the 9 to 12 year olds together with their parents. Questions and discussion emphasised the need for more and better communication between parents and children. In homes where even the evening meal is eaten whilst watching the television there is precious little time for family discussion. Values tend to be those adopted from the screen, where that which is most shocking or salacious, attracting the largest audience, may be put on at peak viewing hours when children are still watching.

The Principal Dental Officer has reported in detail on the improvements in several directions which he has made in the service. Failed appointments are still responsible for the wastage of a considerable number of man-hours of professional time. This situation is just not tolerated in private practice and there is no reason why public funds should be thus burdened. The co-operation of both teachers and parents has been sought in an effort to reduce the problem.



In conclusion I wish to thank the consultants and staff of the Royal Albert Edward Infirmary for their unfailing help; the general practitioners of the town for their continued support; the Chief Education Officer, the staff of the central office and schools for their co-operation; the staff of the Health Department for the high standard of work which they have performed and the Chairman and Members of the Children's Welfare Sub-Committee for their enthusiasm which has sustained us throughout the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. HAWORTH HILDITCH,

Principal School Medical Officer.

## CO-ORDINATION

Liaison with the Hospital Services, the General Practitioner Service and other Local Authority Health Services is achieved in the following manner:—

The Principal School Medical Officer is also the Medical Officer of Health. All other full time Medical Officers hold joint appointments in the School Health Service and other health services.

The Medical Officer of Health is the executive officer for the Council's function under the National Assistance Act, 1948, including the provision of aid for the handicapped and the work amongst homeless and problem families. A seat on the Local Medical Committee of the Executive Council and on the Medical Advisory Committee of the Wigan and Leigh Hospital Management Committee makes for co-ordination of effort and good relations with the other branches of the National Health Service.

No effort has been spared to preserve and extend the good relationship which exists between the assistant medical officers of the School Health Service and the general practitioners in the town.

There is a close liaison between the Consultant Ophthalmologist and the school doctor responsible for refraction work, who, in fact, attends the Infirmary Eye Out-patient Department for a short session once a fortnight.

There is a full interchange of information between the Paediatrician, Orthopaedic surgeon, E.N.T. surgeon and the School Medical Officers regarding school children. This is invaluable and ensures that maximum information is available upon which to base decisions which might influence a child's future education and prospects in later life.

Problems concerning the arrangements for the co-ordination of Education, Health and Welfare Services for handicapped children and young people are minimised in an authority such as Wigan where the Medical Officer of Health is in charge of a combined Health and Welfare Department and is also responsible as Principal School Medical Officer for the School Health Service. A Joint Case conference is held two or three times a year when all children of school age with multiple handicaps are reviewed. The Conferences are attended by the Consultant Paediatrician, School Medical Officers, the Senior Welfare Officer, the Senior Mental Welfare Officer, the School Welfare Officer and the Youth Employment Officer. In addition the Children's Officer is invited if any child whose case is discussed is in the care of the Local Authority or is thought to be in need of the fringe services of the Children's Department. From time to time representatives of voluntary organisations who might help with a particular case are invited to attend.

## CLINICS

### Central Clinic, Millgate, Wigan:—

Minor Ailments Clinic	.....	Monday, Tuesday, Wednesday, Thursday and Friday mornings.
Ophthalmic Clinic	.....	By appointment.
Chiropody Clinic	.....	Monday morning.
Orthopaedic Clinic	.....	Monday, Wednesday and Thursday, all day. Orthopaedic Consultant attends second Thursday in the month.
Dental Clinic	.....	Monday, Tuesday, Wednesday, Thursday and Friday, all day.

### Pemberton Health Centre, Sherwood Drive, Pemberton:—

Minor Ailments Clinic	.....	Tuesday and Friday mornings.
Dental Clinic	.....	Monday and Tuesday mornings. Wednesday and Friday afternoons. Thursday, all day.

## SCHOOL ACCOMMODATION AND HYGIENE

### Number of Schools and Children

#### Primary Schools

	No.	Departments	No. on Registers	Average attendance
County Schools	7	12	2161	2014
Voluntary Schools	20	33	5677	5245
	27	45	7838	7259

#### Secondary Modern Schools

	No.	Departments	No. on Registers	Average attendance
County Schools	3	5	1139	1049
Voluntary Schools	5	8	2107	1940
	8	13	3246	2989



## Secondary Grammar Schools

The Grammar School has 688 pupils on the register and the High School has 546.

The Notre Dame High School is the one direct-grant secondary grammar school in the town.

### FINDINGS OF MEDICAL INSPECTION

The periodic medical inspection of three age groups continued throughout the year in the majority of schools. The selective medical examination procedure continued in the three schools in which it was introduced in 1963. In these schools children are examined in their first year at school. Thereafter until they are examined as school leavers the children are referred for examination when this is considered necessary by the head teacher, class teacher, school nurse or parent. In each system the vision of children is tested annually.

The selective system of medical examination does not find unqualified approval in the department. It does not appreciably save medical time, incorrect information contained in the questionnaires completed by parents often leads to unnecessary investigation, whilst conversely the medical staff are far from confident that children who are not put forward for examination are in fact free from defects.

The numbers of children inspected and found to require treatment (excluding uncleanliness and dental diseases) were as follows:—

Year of Birth	Number Inspected	Found to require treatment	Percentage
1964 and later .....	2	1	50.00
1963 .....	617	117	18.96
1962 .....	504	157	31.15
1961 .....	84	29	34.52
1960 .....	35	13	37.13
1959 .....	31	7	22.58
1958 .....	285	50	17.54
1957 .....	343	108	31.48
1956 .....	61	17	27.87
1955 .....	193	49	25.39
1954 .....	504	128	25.40
1953 and earlier .....	220	33	15.00
Total .....	2879	709	24.63

The physical condition of the pupils seen at medical inspection is assessed in two broad categories and it will be seen from Table I (page 29) that over the whole age range the condition of 100% of the pupils was satisfactory.

Ear, Nose and Throat Defects

**Ear Diseases and Defective Hearing.**—Routine medical examinations showed that 29 children suffered from ear discharges and 129 from other ear complaints. Individual children were tested by the pure tone audiometer technique by the School Medical Officers. Cases requiring more intensive investigation were sent to the Manchester University Department of Audiology.

Sweep audiometric testing is carried out in infant schools by a specially trained clerk and any child with an unsatisfactory result is referred to a School Medical Officer for further investigation; of 2,554 children tested during the year 177 were submitted for further examination.

**Tonsils and Adenoids.**—Routine medical examinations revealed that 106 children required treatment and that 63 should be kept under observation; operative treatment was received by 100 children during the year (see p.32, Table IIIB).

The opportunity was taken at the routine medical inspection to obtain an indication of the number of children in the school population who had received operative treatment for tonsils and adenoids and the following results were recorded :

Year of Birth	Number Inspected	Found to have received treatment	Percentage
1964 and later .....	2	—	—
1963 .....	617	6	0.97
1962 .....	504	7	1.39
1961 .....	84	2	2.35
1960 .....	35	5	14.28
1959 .....	31	5	16.13
1958 .....	285	37	12.95
1957 .....	343	47	13.70
1956 .....	61	5	8.19
1955 .....	193	19	9.84
1954 .....	504	85	16.86
1953 and earlier .....	220	35	15.91
Total .....	2879	253	8.78

Eye Diseases — Visual Defects

**Eye Diseases.**—The number of children suffering from external eye diseases, mainly conjunctivitis and blepharitis, fell from 47 to 27 in 1968, and cases of defective vision and squint fell from 667 in 1967 to 562 in 1968, of which 312 required treatment; the remainder were kept under observation. Details of cases examined and the numbers for whom glasses were prescribed are shown on page 32 (Table IIIA).



### **Skin Diseases**

No cases of ringworm were included in the 122 cases of skin disease traced during routine medical inspections.

### **Orthopaedic Defects**

Routine medical inspections revealed 139 cases of orthopaedic defect of which 100 were referred to the Orthopaedic Clinic for treatment and 39 were placed under observation. Details of attendances at the Orthopaedic Clinic are given on page 33 (Table IIIC).

## **HEALTH EDUCATION IN SCHOOLS**

Courses of lectures on "Mothercraft" were again held at six schools and the work of the Health Visitors was rewarded by a further increase in the number of successes in the Child Care examinations of the National Association for Maternal and Child Welfare. 166 of the 172 entrants were successful. It is hoped to extend this instruction to more schools if the staffing position improves.

The Health Education Officer visited most schools during the year giving talks and showing films on many topics including dental care, alcohol and drug addiction.

In the autumn, evening meetings were held with the theme "Preparation for Adolescence," with films and discussion first confined to parents of 9 to 12 year olds and then for parents and children together. It was felt that such meetings had helped to stimulate healthy discussion at home and made parents more aware of their responsibilities in this respect.

## **EMPLOYMENT OF CHILDREN AND YOUNG PERSONS**

During the year 11 applications received from children were investigated by the School Medical Officers and licences to all the applicants were subsequently granted.

## **COLLEGE ENTRANTS**

Medical examinations were carried out on 84 training college candidates during the year.

## **SUPERANNUATION**

Medical examinations were carried out on three teachers for superannuation purposes.

## **MEDICAL EXAMINATION FOR SCHOOL MEALS SERVICE**

Medical examinations were carried out on 23 applicants for full-time employment in the School Meals Service.



## ARRANGEMENTS FOR TREATMENT

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary treatment, for pupils for whom the Authority accepts responsibility included the following:—

**Minor Ailments.**—The school clinics at Millgate and Pemberton were open daily and two days a week respectively throughout the year for the treatment of minor ailments and the execution of special examinations.

During the year 3,674 attendances were made to the 255 sessions at the Central Clinic and 588 attendances to the 82 sessions at the Pemberton Clinic.

The number of children attending Minor Ailment Clinics and the number of attendances increased during the 12 months under review, due mainly to the increase in minor skin conditions and uncleanliness of heads.

	1966	1967	1968
No. of children attending	1,146	1,068	1,452
No. of attendances	3,478	3,892	4,244
Average No. of attendances per child	3.03	3.6	2.9

Special examinations of children referred by school nurses, teachers, parents and school welfare officers were carried out at the School Clinics by the School Medical Officers in addition to the treatment of minor ailments.

The School Nurses and Clinic Attendant cleansed the heads of children referred to the Clinic for this purpose.

Details of minor ailments treated are given on page 34 (Table IV).

**Treatment of Visual Defects.**—Routine refraction work is performed by the School Medical Officer and all children who are known to have visual defects are re-examined annually; every child has an annual vision check by a school nurse.

The staff of the Royal Albert Edward Infirmary ophthalmic unit have been most helpful and their co-operation is greatly appreciated.

**Orthoptic Service.**—The number of school children referred to the Wigan Infirmary for orthoptic exercises decreased from 22 in 1967 to 15 in 1968.

**Uncleanliness.**—Arrangements for head inspection continued as in previous years and details are shown on page 34 (Table V).

The total number of first examinations of children was 11,188, and of these 478 (4.27%) had pediculosis of the head (i.e. lice or nits present): the final inspection showed the number had been reduced to 329 (2.94%).

In school the close contact children have with each other, or the wearing of infested headgear make for an easy spread of the head louse. Even after disinfestation a child may become re-infested from other members of his own family or even from nits present in his own cap.

In 1928, 12,359 children were inspected for cleanliness of whom 1,313 had verminous heads and 252 had body lice, that is 12% of the children in that year were verminous. However, in the 1960's about 4% of the children have pediculosis and only four cases of body lice have been reported in the last decade. From these reductions in incidence it is logical to infer that these conditions could be eliminated if the necessary social drive were channelled in the right direction.

After every school holiday there is an increase in the number of children who are found to be affected and this infestation may have taken place in the home. The reluctance of some parents to show the slightest interest in their own and in their children's problems supports this hypothesis. Certain families are persistent offenders and it is in these families, adults as well as children, that the reservoir of infestation is kept well stocked, even despite the generous and continuous dissemination of their parasites to other people

There has been no lessening in the incidence of pediculosis over the last few years and, in fact, over the last twelve months it has been on the increase, particularly in the long-haired youths of today. The school nurses' frequent inspection of hair followed by treatment has been the main line of approach, coupled with their advice to parents, in other words health education at a personal level.

A change in some people's apathetic attitude to the problem, which is necessary to eradicate the head louse, is hard to achieve. The time has now come when the coercion of the law may have to be invoked with the resulting finger of public disapprobation pointed at the hard core of offenders.

There were 21 cases of scabies during 1968, the same number as in the previous year. The greatest difficulties arise where parents of affected children refuse to seek treatment for themselves. This often results in the re-infestation of the children concerned and prevents that particular source of infestation from being cleared.

**Orthopaedic Service.**—As in previous years the Orthopaedic scheme organised in conjunction with Lancashire County Council continued to work well. The Surgeon attended one session a month and the Orthopaedic Nurse six sessions a week.

During the year 156 patients made 585 attendances for physiotherapy. Seven children were referred to Wigan Infirmary and one to Wrightington hospital for surgical treatment, all with successful results.

**Tuberculosis.**—No children were referred directly from the School Clinic for opinion to the Chest Clinic.

The Regional Hospital Board is responsible for making arrangements for treatment and the School Health Service is responsible for adequate after-care and reference to Special Schools if necessary.



Arrangements previously existed for all School Meals Service staff, School Caretakers and new entrants to the teaching profession to be X-rayed as a preventive measure. Teachers already in post have not been subject to this screening but commencing in 1969 they will have a routine X-ray examination every three years.

**B.C.G. Vaccination.**—All child contacts of known tuberculous cases are referred to the Consultant Chest Physician for Mantoux testing. B.C.G. vaccination is offered to those cases where it is considered that its administration would be of value.

Routine B.C.G. vaccination was offered to all thirteen year old children and the acceptance rate was 86% compared with 79% for the previous year.

#### Routine Protection of School Children :

No. in 13 year age group .....	1070
No. for whom consent was obtained .....	925
Percentage of acceptances .....	86%
No. of Mantoux-Negative .....	828
No. of Mantoux-Positive .....	67
Percentage Positive .....	7.5%
No. Vaccinated .....	828
No. who had Chest X-ray .....	60
No. where X-ray showed active tuberculosis .....	—
No. where X-ray showed lung abnormality requiring further observation .....	—

The figure for the positive Mantoux tests gives an indication of the extent to which children are being brought into contact with the tubercle bacillus. The figure of 7.5% compares favourably with that in other urban industrial areas.

### CHILD GUIDANCE SERVICE

With the appointment in January, 1968, of Dr. Moira P. Jonas as Consultant Child Psychiatrist, it was possible to re-introduce the joint service with Lancashire County Council.

Two sessions per week are held at Pemberton Health Centre, where an Educational Psychologist and a Psychiatric Social Worker also attend. The time available is divided equally between County and Borough children.

Details of Wigan cases are given below :—

Cases on waiting list at end of 1967 .....	2
Cases referred during 1968 .....	33
New cases seen during 1968 .....	19
Cases withdrawn during 1968 .....	3
Cases on waiting list at end of 1968 .....	13



### **Summary of Cases :**

#### **Source of referral :**

School Medical Officer .....	17
General Practitioner .....	11
Consultant Paediatrician .....	7

#### **Type of referral :**

Behaviour disorder .....	16
Habit disorder .....	5
Separation anxiety .....	6
Anxiety state .....	5
Educational assessment .....	1
Learning problems .....	1
Epileptic .....	1

### **Cases seen during 1968 :**

#### **Recommendations :**

Treatment at clinic .....	13
Placement at residential school .....	3
Review at clinic .....	3

#### **Clinic Attendances :**

Children .....	82
Parents .....	124
Others .....	9

**Speech Therapy.**—A limited service was provided by the employment of Miss J. A. Eckersley for two sessions a week throughout the year. Continuing efforts were made without success to recruit additional staff but there is a national shortage of trained speech therapists which is unlikely to be resolved in the foreseeable future.

No. of cases treated .....	35
No. of new cases .....	13
No. of attendances .....	480
No. of children discharged .....	29
No. of children reviewed .....	58

**Treatment of Enuresis.**—The loan service of electric alarm machines for use in the treatment of enuresis continued. This service is operated by the Health Department in collaboration with the School Medical Officers and Dr. R. M. Forrester, the Paediatrician at Wigan Infirmary. Electric alarm machines were used by 5 children in 1968.

**Chiropody.**—I am indebted to Mr. J. Wood for the following report. “My time at the School Clinic has again been fully occupied each week with the treatment of children suffering from Verrucae Pedis. All cases were cleared satisfactorily. Unsuitable shoes were worn by a considerable number of children. Advice about footwear was given but as the children attend for such a short period I have no opportunity of knowing if the advice is heeded.”

No. of attendances by Chiropodist .....	45
No. of Patients .....	212
No. of Treatments .....	889

ANALYSIS OF CASES, 1968

Verrucae Pedis .....	205
Other Conditions .....	7

HOSPITAL & SPECIALIST SERVICES

There have been no material changes to hospital and specialist services available for school children since my last report.

INFECTIOUS DISEASES

During the year no case of diphtheria or poliomyelitis was notified in school children. The following cases of infectious diseases were notified during 1968 :

Scarlet Fever .....	7
Measles .....	145
Whooping Cough .....	3
Non-respiratory Tuberculosis .....	1
Respiratory Tuberculosis .....	1
Food Poisoning .....	4
Infective Jaundice .....	3

**Diphtheria Immunisation.**—We have now had twenty years of freedom from diphtheria amongst school children, but this has been at the price of constant vigilance. No effort was spared by the staff of the department to encourage parents to allow their children to be immunised and so perpetuate this satisfactory state of affairs. Head Teachers and class teachers co-operated extremely well in advising parents to have their children protected.

Arrangements have been made for immunisation sessions to be undertaken in schools as well as at clinic premises to minimise the amount of class-room time lost.

Parents of children who receive Primary Inoculation against Diphtheria are now encouraged to accept Diphtheria Tetanus combined vaccine. When a child has previously received active anti-tetanus immunisation the combined vaccine is used for booster injections and names of the pupils so protected are sent to the Casualty Department of the Infirmary, so that, in case of injury involving a risk of Tetanus, the child may receive a reinforcing dose of Tetanus Toxoid rather than the less desirable passive immunity afforded by Anti-tetanus Toxin.

No. of children who completed Primary Diphtheria-Tetanus Inoculation .....	287
No. of children who received Booster Diphtheria or Diphtheria Tetanus Inoculation .....	1265

**Vaccination against Poliomyelitis.**—Every opportunity was taken to increase the already high proportion of pupils immunised with Sabin (Oral) Vaccine.

No. of children who completed a primary course .....	463
No. of children who received a re-inforcing dose .....	513

**Vaccination against Measles.**—Measles vaccine was made available in May, 1968, and vaccination was first offered to children under seven years of age. Most schools had been covered before the campaign was interrupted by an outbreak of measles in the summer.

No. of children vaccinated .....	243
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## HANDICAPPED PUPILS

It is unusual for a school medical officer first to become aware of a child's disability at the time of the medical inspection at school entry. Many children will have been placed on the "Special Risk Register" shortly after birth if there were signs genetically or otherwise that special care or guidance was likely to be required. Others with defects of an obvious postural or emotional nature would probably have been first noted at a well-baby or toddler clinic. The close liaison which exists between the school health service and the infant welfare service ensures that children are guided early into the educational channels from which they are most likely to benefit.

Handicapped children ascertained during 1968 :

(a) Blind .....	—
(b) Partially sighted .....	—
(c) Deaf .....	—
(d) Partially hearing .....	—
(e) Physically handicapped .....	19
(f) Delicate .....	—
(g) Maladjusted .....	2
(h) Educationally subnormal .....	24
(i) Epileptic .....	1
(j) Pupils with speech defects .....	—
(k) Remedial teaching .....	—
(l) Home tuition .....	—
	—
	46
	—

During the year one child was reported to the Local Health Authority in accordance with Section 57(4) of the Education Act as he was considered unsuitable for education at school because of a disability of mind.

## Handicapped Children Attending Special Schools

	Number admitted in 1968	Number Attending
(a) <b>Blind Pupils.</b>		
Royal Normal College for the Blind, Shrewsbury.....	—	1
St. Vincent's School for Blind, Liverpool .....	—	1
Royal School for Blind, Liverpool .....	1	1
(b) <b>Deaf Pupils.</b>		
Royal School for the Deaf, Manchester .....	—	3
(c) <b>Partially Hearing Pupils.</b>		
Alice Elliot School for Deaf, Liverpool .....	—	1
St. John's Residential School, Boston Spa .....	—	1
Thomasson Memorial School, Bolton .....	—	2
School for Partially Hearing, Birkdale .....	1	3
(d) <b>Physically Handicapped Pupils.</b>		
Birtenshaw Hall, Bolton .....	1	3
Mere Oaks, Standish .....	19	19
Children's Convalescent Home, West Kirby .....	1	1
Bethesda Special School, Cheadle .....	1	1
(e) <b>Delicate Pupils</b>		
Fairfield House, Broadstairs .....	—	1
St. Dominic's Open-air School, Surrey .....	—	1
St. Patrick's, Hayling Island .....	—	1
(f) <b>Maladjusted Pupils.</b>		
Caldecot Community, Mercham-le-Hatch .....	—	1
(g) <b>Educational Sub-normal Pupils.</b>		
Pontville R.C. School, Ormskirk .....	1	1
Pitt House Senior School, Devon .....	1	3
Pitt House Junior School, Devon .....	1	1
(h) <b>Speech Defect.</b>		
Moor House School, Oxted .....	—	1
(i) <b>Epileptic Pupils.</b>		
Soss Moss School, Nether Alderley .....	—	1
Colthurst House School, Warford .....	1	1

Accommodation was also provided in special classes for 89 educationally sub-normal children at Warrington Lane School, Wigan.

# HANDICAPPED SCHOOL LEAVERS

Health and Welfare are two almost synonymous terms often placed in juxtaposition, since the presence of one promises the possession of the other. Consequently the welfare or social well-being of children is of prime importance in the aspirations of not only the School Health Service but also of other disciplines.

Job satisfaction plays a great part in the attainment of this personal happiness and well-being and naturally the school system strives hard to ensure that the child is given the best opportunity in the employment market.

Unfortunately, by reason of a less favourable constitution some children may have been at a disadvantage vis-a-vis their school friends and it is these children, handicapped to a greater or lesser extent, who may have difficulty in obtaining and holding down a satisfactory job. Throughout their time at school they have been kept under careful observation and if necessary school life may have been modified to meet their needs by the provision of special educational facilities. The School Health and Education Services both play a part in ensuring that such children are able to function at their maximum physical and mental potential when they finally leave the protective walls of the classroom. The arrangements detailed on page 8 for the review of handicapped school children should ensure that all agencies are geared to assist as school leaving age is approached.

A survey was undertaken to ascertain what success handicapped school leavers had achieved in obtaining work and in retaining their posts. Thirty-eight of the more handicapped children leaving school during the past five years were followed up. Three had registered as disabled persons, two of whom had changes of employment before taking up their present work. The other registered disabled person is now accommodated at the Fabrex Senior Training Centre. It appears that most children have been able to obtain satisfactory employment.

Total No. of Handicapped in the survey .....	38
Not traced .....	7
	—
Traced .....	31
	—



Disabilities of these 31 school leavers :

Heart .....	1
Chest (Asthma and Bronchitis) .....	7
C.N.S. ....	3
Deafness .....	2
Epilepsy .....	2
Hydrocephalus .....	1
E.S.N. ....	11
Faecal Incontinence—psychological .....	1
Sub-thyroid .....	1
Coeliac disease and enuresis .....	1
Congenital absence of anal canal; 1 kidney.....	1

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31

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Satisfied with present job .....	24
Unemployed .....	3
Receiving Further Education .....	2
Admitted to Institutions .....	2

---

31

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No. who have had :

1 previous job .....	7
2 previous jobs .....	2
3 previous jobs .....	4
4 previous jobs .....	1
1 job only since leaving school .....	10

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24

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Length of time from school leaving to obtaining work :

Immediate .....	16
1 week .....	1
2 weeks .....	2
Longer .....	5

---

24

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Present job :

Clerical .....	3
Apprentice .....	1
Labourer .....	4
Distribution trade .....	4
*Fabrex Training Centre .....	1
Painting and decorating .....	2
Book-binder .....	1
Salesman .....	1
College .....	2
Brockhall Hospital .....	1
*Cleansing Department, Wigan C.B. ....	1
Approved School .....	1
Haulage-hand .....	1
Garage-hand .....	1
*Self-employed—Scrap metal .....	1
Factory-hand .....	1
Unemployed .....	3
Other .....	2
	—
	31
	—

\* Registered Disabled

Included in this list are eleven E.S.N. children disposed as follows :

In employment .....	8
In Fabrex .....	1
In Approved School .....	1
Unemployed .....	1
	—
	11
	—

## EDUCATION ACT, 1944, SECTION 56

During the year 2 children received home teaching and 86 tuition in hospitals.

Tuition for children ill at home or in hospital is provided for long-term cases. Such children when deprived of their schooling, become very backward and the difficulty they find in trying to pick up the threads of their education on returning to school causes great discouragement. A child may have up to ten hours' home teaching a week, and in hospital the time may extend to half the normal school day. In the former cases, with limited time, emphasis is placed on the basic subjects, while in the latter a considerable amount of handwork may be undertaken. Instruction by a qualified teacher, carefully graded in amount and type according to the individual patients' abilities and physical state, helps the sick child to keep up with his more fortunate companions at school and provides some pleasant occupation for his mind, a by no means unimportant consideration with the bedridden child. Suitably qualified teachers who will undertake domiciliary work are not easy to find.

### WORK OF THE SCHOOL NURSES

	1967	1968
Number of follow-up visits paid to cases at home .....	390	351
Number of first visits paid to schools in connection with general cleanliness .....	76	72
Number of children inspected for general cleanliness ....	10,085	11,188
Number of visits paid to schools for re-inspection of gen- eral cleanliness .....	374	350
Number of re-inspections for general cleanliness .....	34,916	35,604
Number of visits to schools for Infectious Diseases .....	8	6
Number of children inspected for Infectious Diseases ....	102	151
Number of visits paid to schools for other purposes .....	31	74
Number of visits paid to homes for Infectious Diseases....	2	6
Number of visits paid to schools for Medical Inspection	251	217
Number of visits paid to schools for Inoculations .....	189	209
Number of Inoculation Sessions at School Clinic .....	24	20
Number of visits paid to schools for Vision Testing .....	92	97
Number of visits paid to schools for Foot Inspection .....	38	11
Number of children treated for Verrucae .....	—	102



## CO-OPERATION OF PARENTS

The number of parents present at Medical Inspection varied considerably in the different schools. The total number present was 1,941 and the number of children medically inspected was 2,879; the average attendance of parents was 67.41 per cent.

## CO-OPERATION OF TEACHERS

The teachers in the schools of Wigan are usually very helpful to the School Medical Officers. They provide them with the best accommodation possible, report any abnormality they have noticed in the children, and submit special cases for inspection. Prompt and complete information regarding infectious diseases is most valuable to facilitate the control, or even prevention of epidemics.

## CHILDREN'S DEPARTMENT

A friendly liaison exists between the Children's Department and the School Health Service, and the following examinations were carried out on the school children in the care of the Children's Department :

Preliminary Examinations prior to admission into care .....	2
Annual Home Office Medical Inspections .....	103

## CO-OPERATION OF VOLUNTARY BODIES

During the year the help of the N.S.P.C.C. Inspector was obtained in 61 cases involving the welfare of 144 children.

## PROVISION OF MEALS

The number of meals taken at schools during the year again increased, to a total of 1,658,229, and when catering for such large numbers it is necessary to ensure a strict code of hygienic practices and to remedy any structural defects in the kitchens which may affect the execution of such practices.

During the year a general inspection of all kitchens was undertaken and it is pleasing to report that the standard of hygiene was found to be consistently high. In a few cases excessive condensation was causing a rapid breakdown of decorative finishes, making cleaning very difficult, and the ventilating systems in these kitchens are being investigated.

All kitchens are equipped with sterilising sinks for crockery and cutlery but there are still a number of wooden surfaces in evidence where stainless steel or other non-corrodable substances would give a more durable and easily cleaned surface.

## **REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER**

### **Staff :**

On 13th May, 1968, Mr. J. G. R. Wood was appointed to the vacant post of full-time Dental Officer thus bringing the number of Dental Staff up to two-thirds of full strength.

The dental auxiliary who should have commenced her duties on 3rd September did not in fact take up her appointment as she had in the meantime been offered a post in her home town.

### **Clinics and Equipment :**

In March, 1968, a modern high velocity low vacuum aspirator was purchased in order to comply with current safety regulations when a general anaesthetic is administered. It is felt by the staff that this was a very valuable addition to our 'emergency kit' and it has already proved its value in more than one case.

Due to the improvement in the staffing position it was found possible to keep the Dental Clinic at Sherwood Drive open for six sessions per week in the latter half of the year. This was arranged in such a way that the clinic was open at least one session of every working day of the week.

The remainder of this Dental Officer's time was spent at the Central Dental Clinic where it was possible for the first time to offer a general anaesthetic to casualties either immediately or at least within a day or two.

### **Dental Inspections :**

A routine dental inspection was given to 8,931 children out of a school population of 13,245. This represents 67.5% of all children attending schools and is an increase of 24.4% compared with the previous year.

In addition to this another 1,025 school children attended the dental clinics for periodic recalls, or as casualties for special inspections.

The average time between each dental inspection in school has therefore been reduced considerably, and it looks now as if we for the first time shall be able to fulfil our declared aim of a minimum of one annual inspection of each child at school.



1968 was the first year in which the Wigan High School and the Wigan Grammar School were incorporated in our inspection rota thus providing a comprehensive treatment for all schools maintained by this Authority.

### **Dental Treatment :**

During the year under review 1,652 children received treatment at the dental clinics and 1,339 were made dentally fit. It was still not found possible to maintain this dental fitness for all by a six-monthly recall system but a selective recall system was in operation to ensure that cases that warranted special attention were not neglected or overlooked.

In the course of the year 1,221 appointments were wasted due to the children failing to attend. Since the dental clinics had not received any prior notification of cancellation it was impossible to reallocate these appointments in order that other children might benefit.

Of orthodontic cases 83 were carried forward from the previous year and 63 new cases were undertaken for treatment. During the year a total of 23 cases were completed (an increase of over 100% compared with the previous year), 10 cases had to be discontinued due to lack of interest and co-operation from the patients and/or the parents. 90 removable appliances were fitted and one patient was referred to hospital consultant for treatment.

General anaesthesia was administered in 480 cases, 169 of these by a Dental Officer.

A radiological examination was performed on 169 patients and this was the first full year during which we were entirely independent of external assistance for our x-ray examinations.

Other forms of treatment included 113 operations comprising scaling and gum treatment, treatment of oral ulceration, dressing for the relief of pain, pulp cappings and the provision of self cleansing areas.

### **Dental Health Education :**

The health education organiser was again regularly engaged in the execution of a planned and sustained campaign for dental health. During the year he visited most schools, showing the latest films and delivering short lectures to the children about how to care for their teeth in order to enjoy good dental health.

During the Annual Summer Show in Mesnes Park, an intensified Dental Health Education Campaign was carried out. A Dental Exhibition Caravan was hired from the General Dental Council and was put on site among the other exhibitors—and thus open to the general public.

During part of the show the pupils from the schools in the vicinity attended by appointment, and the children were given demonstrations and short lectures on dental topics. All were given free apples and tooth paste.



The Assistant Medical Officers and Health Visitors took an active part in this important part of preventive dentistry, and rendered invaluable help and assistance to expectant and nursing mothers and to parents of pre-school children. The School Nurses and Secondary School Domestic Science Teachers also contributed with enthusiasm.

## **PHYSICAL EDUCATION**

In the same way that failure to progress in the classroom alerts the school doctor to enquire whether there is any remediable medical condition contributing to the child's poor response, so when a child's physical performance is subnormal the attention of the school doctor should be focussed to ensure that there is no pathological condition, physical or emotional, requiring treatment. Thus, school medical and nursing staff must maintain effective contact with teachers of physical education and particularly with those who have not been specially trained for this work. Clearly there is scope for a rapprochement between the two professions at this point.

**STATISTICAL TABLES**  
**TABLE I**

**Medical Inspection of Pupils Attending Maintained Primary and  
Secondary Schools during 1968**

**A. PERIODIC MEDICAL INSPECTIONS**

Year of Birth	No. of Pupils Inspected	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
1964 and later.....	2	2	—
1963 .....	617	617	—
1962 .....	504	504	—
1961 .....	84	84	—
1960 .....	35	35	—
1959 .....	31	31	—
1958 .....	285	285	—
1957 .....	343	343	—
1956 .....	61	61	—
1955 .....	193	193	—
1954 .....	504	504	—
1953 and earlier .....	220	220	—
Total .....	2879	2879	—

The physical condition of 100% of pupils inspected was satisfactory.

Year of Birth	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
	For defective vision (excluding squint)	For any other condition recorded in Table II	Total individual pupils
1964 and later.....	—	1	1
1963 .....	50	123	117
1962 .....	40	142	157
1961 .....	6	26	29
1960 .....	7	8	13
1959 .....	1	9	7
1958 .....	24	31	50
1957 .....	48	74	108
1956 .....	6	16	17
1955 .....	11	43	49
1954 .....	49	87	128
1953 and earlier .....	18	26	33
Total .....	260	586	709

## B. OTHER INSPECTIONS

Number of Special Inspections .....	315
Number of Re-Inspections .....	1413
Total .....	<u>1728</u>

TABLE II

### Defects Found by Medical Inspection during the year

#### A. PERIODIC INSPECTIONS

Defect or Disease	Entrants		Leavers		Others		Totals	
	*T	†O	*T	†O	*T	†O	*T	†O
Skin .....	16	10	16	—	68	12	100	22
Eyes								
(a) Vision .....	90	84	17	15	153	100	260	199
(b) Squint .....	44	2	—	2	8	7	52	11
(c) Other .....	5	—	—	5	2	15	7	20
Ears								
(a) Hearing .....	30	60	3	—	19	6	52	66
(b) Otitis Media .....	7	6	2	—	7	7	16	13
(c) Other .....	4	1	—	—	5	1	9	2
Nose and Throat .....	58	46	4	—	44	17	106	63
Speech .....	6	17	—	—	2	2	8	19
Lymphatic Glands .....	2	34	—	—	5	14	7	48
Heart .....	2	7	3	—	7	12	12	19
Lungs .....	34	25	2	—	12	13	48	38
Developmental								
(a) Hernia .....	3	3	—	—	1	4	4	7
(b) Other .....	3	13	—	—	3	19	6	32
Orthopaedic								
(a) Posture .....	1	—	—	—	4	1	5	1
(b) Feet .....	27	8	4	—	15	13	46	21
(c) Other .....	15	6	4	—	30	11	49	17
Nervous System								
(a) Epilepsy .....	1	—	—	—	2	1	3	1
(b) Other .....	3	1	2	—	5	4	10	5
Psychological								
(a) Development .....	—	3	1	—	3	1	4	4
(b) Stability .....	1	7	—	—	4	4	5	11
Abdomen .....	7	3	1	—	23	5	31	8
Other .....	17	10	10	—	36	6	63	16
Total .....	376	346	69	22	458	275	903	643

\* Defects requiring treatment (T).

† Defects to be kept under observation (O).



## B. SPECIAL INSPECTIONS

Defect or Disease	Pupils requiring	
	Treatment	Observation
Skin .....	1	1
Eyes		
(a) Vision .....	19	1
(b) Squint .....	3	—
(c) Other .....	1	1
Ears		
(a) Hearing .....	9	—
(b) Otitis Media .....	—	—
(c) Other .....	—	—
Nose and Throat .....	3	—
Speech .....	—	3
Lymphatic Glands .....	—	1
Heart .....	—	—
Lungs .....	1	—
Developmental		
(a) Hernia .....	1	—
(b) Other .....	—	1
Orthopaedic		
(a) Posture .....	—	—
(b) Feet .....	1	1
(c) Other .....	1	—
Nervous System		
(a) Epilepsy .....	3	—
(b) Other .....	2	—
Psychological		
(a) Development .....	10	—
(b) Stability .....	—	—
Abdomen .....	2	—
Other .....	2	—
Totals .....	59	9

TABLE III

**Treatment of Pupils attending maintained Primary and Secondary  
Schools**

**A. EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	34
Errors of refraction (including squint) .....	450
	<hr/>
Total .....	484
	<hr/>
Analysis of Cases in which Spectacles were prescribed	
Simple Hypermetropia .....	23
Simple Myopia .....	31
Hypermetropic Astigmatism .....	151
Myopic Astigmatism .....	32
Mixed Astigmatism .....	31
	<hr/>
<b>Total</b> .....	268
	<hr/>

**B. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT**

	Number of cases known to have been dealt with
Received Operative treatment—	
(a) for diseases of the ear .....	—
(b) for adenoids and chronic tonsillitis .....	100
(c) for other nose and throat conditions .....	—
Received other forms of treatment .....	18
	<hr/>
Total .....	118
	<hr/>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1968 .....	1
(b) in previous years .....	12

## C. ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated						
(a) Pupils treated at clinics or out-patients departments .....	156						
(b) Pupils treated at school for postural defects .....	—						
	<hr/>						
	156						
	<hr/>						
Attendances at the Orthopaedic Clinic							
	Wigan	Hindley	Ince	Standish	Orrell	Ashton	Total
No. of children of school age attending	156	13	17	49	4	14	253
No. of attendances of children of school age	585	25	35	138	6	33	822

## D. DISEASES OF THE SKIN (excluding uncleanliness, for which see Table V)

	Number of cases known to have been treated					
Ringworm—(a) Scalp .....	—					
(b) Body .....	—					
Scabies .....	21					
Impetigo .....	53					
Other skin disease .....	519					
Total .....	<hr/> 593 <hr/>					

## E. CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated					
Pupils treated at Child Guidance Clinics .....	19					

## F. SPEECH THERAPY

	Number of cases known to have been treated					
Pupils treated by Speech Therapists .....	35					

## G. OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with					
(a) Pupils with minor ailments .....	483					
(b) Pupils who received convalescent treatment under School Health Service arrangements .....	—					
(c) Pupils who received B.C.G. vaccination .....	828					
(d) Chiropody .....	212					
Total .....	<hr/> 1523 <hr/>					



**TABLE IV**  
**Minor Ailment Clinics**  
**Classification of Consultations and Treatment**

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Uncleanliness .....	324	—	575
Ringworm .....	—	—	—
Scabies .....	21	—	119
Impetigo .....	53	—	293
Other Skin Diseases .....	519	—	1630
Blepharitis .....	—	—	—
Conjunctivitis .....	3	—	11
Defective Vision .....	—	—	—
Squint .....	—	—	—
Other Eye Conditions .....	31	—	57
Defective Hearing .....	—	—	—
Minor Ear Diseases .....	14	—	25
Nose and Throat Conditions .....	4	—	4
Deformities .....	7	—	8
Injuries to Bones and Joints .....	6	5	6
Other Defects and Diseases .....	5	—	5
Miscellaneous .....	465	18	1511
<b>Total .....</b>	<b>1452</b>	<b>23</b>	<b>4244</b>

**TABLE V**  
**Uncleanliness and Verminous Conditions**

Average number of visits per school made during the year by the School Nurses .....	12
Total number of examinations of children in the Schools by School Nurses .....	46,792
Number of individual children found unclean at first inspection .....	478
Number of individual children found unclean at final inspection .....	329
Number of children cleansed under arrangements made by the Local Education Authority .....	—
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .....	—
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .....	—

**TABLE VI**  
**Dental Inspection and Treatment**

Attendances and Treatment	Ages			
	5 - 9	10 - 14	15 +	Total
First Visit .....	981	630	41	1652
Subsequent visits .....	1180	1582	87	2849
Total visits .....	2161	2212	128	4501
Additional courses of treatment commenced .....	87	45	4	136
Fillings in permanent teeth .....	501	1673	131	2305
Fillings in deciduous teeth .....	1732	36	—	1768
Permanent teeth filled .....	415	1345	111	1871
Deciduous teeth filled .....	1278	32	—	1310
Permanent teeth extracted .....	211	433	17	661
Deciduous teeth extracted .....	997	316	—	1313
General anaesthetics .....	318	155	7	480
Emergencies .....	208	108	5	321

Number of pupils X-rayed .....	169
Prophylaxis .....	92
Teeth otherwise conserved .....	21
Number of teeth root filled .....	6
Inlays .....	1
Crowns .....	—
Courses of treatment completed .....	1339

**Orthodontics**

Cases remaining from previous year .....	83
New cases commenced during year .....	63
Cases completed during year .....	23
Cases discontinued during year .....	10
No. of removable appliances fitted .....	90
No. of fixed appliances fitted .....	2
Pupils referred to Hospital Consultant .....	1

Prosthetics	Ages			
	5 - 9	10 - 14	15 +	Total
Pupils supplied with F.U. or F.L. dentures (first time) .....	—	—	—	—
Pupils supplied with other dentures (first time) .....	—	5	—	5
Number of dentures supplied .....	—	5	—	5

**Anaesthetics**

General anaesthetics administered by Dental Officers .....	169
------------------------------------------------------------	-----

**Inspections**

(a) First inspection at school. Number of pupils .....	8575
(b) First inspection at clinic. Number of pupils .....	356
Number of (a) + (b) found to require treatment .....	6452
Number of (a) + (b) offered treatment .....	3185
(c) Pupils re-inspected at school or clinic .....	1025
Number of (c) found to require treatment .....	778

**Sessions**

Sessions devoted to treatment .....	682.2
Sessions devoted to inspection .....	59.0
Sessions devoted to Dental Health Education .....	10.0

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